Saskatchewan Cancer Agency

2008/09 Annual Report

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Letter of Transmittal

The Honourable Don McMorris
Minister of Health
Province of Saskatchewan
Legislative Building
Regina, Saskatchewan
S4S 0B3

Dear Minister McMorris:

I have the honour of submitting the annual report of the Saskatchewan Cancer Agency for the fiscal year ending March 31, 2009.

Throughout the year the Saskatchewan Cancer Agency staff made progress in key areas of the Agency's strategic plan, including:

- Completing the installation of a linear accelerator at the Allan Blair Cancer Centre;
- Installing a third on-board imager and cone beam CT in Saskatoon;
- Announcing funding of aromatase inhibitors for the adjuvant treatment of hormone-sensitive breast cancer in post-menopausal women;
- Public reporting of the wait times from ready-to-treat status to the first treatment for radiation therapy;
- Negotiating the transfer of pharmacy oncology services from the Saskatoon and Regina Qu'Appelle Health Regions to the Agency;
- Announcing phase one of the Screening Program for Colorectal Cancer;
- Developing an Agency-wide unusual occurrence management system, and starting the collection and quarterly analysis of all unusual occurrence reports; and
- Holding a successful research grants competition which awarded $280,968 to six different projects.

The Agency remains dedicated to ensuring that we are accountable, that we provide quality and excellence in treatment, prevention, early detection and research, and that we are achieving our strategic goals and objectives.

Respectfully submitted,

J. Stewart McMillan M.B., Ch.B
Chairperson

Who We Are

The Saskatchewan Cancer Agency is guided by the mandate set out in *The Cancer Agency Act* and is committed to the provision of quality care and cancer control for the province of Saskatchewan. Many of the administrative and financial accountability requirements that regulate regional health authorities are also applied to the Agency through *The Regional Health Services Act*.

Mission

- To provide leadership in cancer control for the people of Saskatchewan through prevention, early detection, treatment and research

Vision

- A healthy population free from cancer

Values

- Caring and Respect
- Ethics and Accountability
- Quality and Innovation
- Collegiality and Teamwork
- Continuous Learning and Improvement

Programs and Services

The Saskatchewan Cancer Agency, through the financial assistance of the Ministry of Health, provides leadership in cancer control by:

- delivering quality cancer treatment for men, women and children
- operating prevention and early detection programs
- conducting innovative research

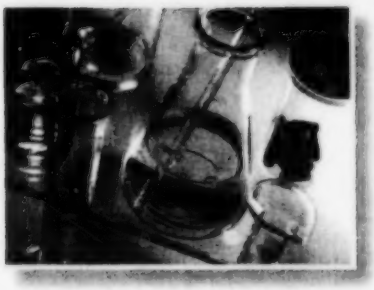
Cancer Treatment

At the Allan Blair Cancer Centre in Regina and the Saskatoon Cancer Centre, patients receive quality care and support services. Every patient has a team of experienced, skilled and dedicated health professionals helping them understand their diagnosis and make choices on treatment and care.

Each cancer centre offers:

- a referral centre, operated by registered nurses, that processes new referrals and books patients for assessment
- chemotherapy and radiation therapy

Who We Are



The Blood and Marrow Transplant Program is located in Saskatoon, providing assessment and treatment for patients with aggressive or advanced blood and circulatory system cancers.

The Community Oncology Program of Saskatchewan (COPS) provides specific types of chemotherapy treatments in certified regional hospitals. There are 16 COPS centres located in regional hospitals throughout Saskatchewan (Estevan, Humboldt, Kindersley, Lloydminster, Meadow Lake, Melfort, Melville, Moose Jaw, Moosomin, Nipawin, North Battleford, Prince Albert, Swift Current, Tisdale, Weyburn, and Yorkton).

Supportive Care

A team of knowledgeable professionals are available to help patients and families cope with the physical and emotional impact of dealing with cancer. Psychosocial workers at the cancer centres provide counseling and a variety of supportive services.

Cancer Patient Lodges

The Regina and Saskatoon cancer patient lodges offer a home away from home for patients and their companions. Accommodations, meals and snacks are included in the daily fee.

Quality of Care Coordinator

The Quality of Care Coordinator is available to assist patients, clients and family members who have questions or concerns regarding the service they receive.

Early Detection

The Agency encourages screening and early detection of cancers through a variety of programs:

- The Screening Program for Breast Cancer provides screening mammograms to 38,000 women each year who are 50 years of age and older. The program operates two permanent centres (Regina and Saskatoon), five satellite centres (Moose Jaw, Yorkton, Swift Current, Prince Albert, North Battleford) and a mobile bus that services rural Saskatchewan.
- The Prevention Program for Cervical Cancer encourages women between 18 and 69 years of age to have regular Pap tests from their healthcare providers.
- The Screening Program for Colorectal Cancer is a new program for the early detection of colorectal cancer. In the first phase, men and women between 50 and 74 years of age in the Five Hills Health Region are being invited to participate.

Prevention

Research shows that at least half of all cancers can be prevented through a healthier lifestyle such as eating healthy foods, maintaining a healthy body weight, staying physically active, practicing sun safety, and avoiding the use of tobacco. The Agency seeks out partnerships with other organizations and opportunities to bring awareness to cancer prevention.

Who We Are

Cancer Research

The Agency's scientists and researchers conduct and participate in world-class research including:

- biomedical research to understand how cancer develops and how to treat it
- clinical trials to test new and emerging treatments
- epidemiology research with the intent to minimize the impact of cancer, enhance wellness, and reduce morbidity and mortality from cancer through increased understanding of cancer causes, prevention and control

Donations

The Agency accepts individual donations as well as funds raised from events coordinated by third parties.

All donations stay in Saskatchewan to support cancer treatment, early detection, prevention, research and supportive care programs.

In 2008-09, the Agency received $1,369, 487 in donations which is an increase of $199,181 from the previous year.

Organizational Structure

Who We Are

Cancer Research

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Organizational Structure

Our Province

The Saskatchewan Cancer Agency serves the entire province, providing population-based screening and prevention programs as well as treatment to cancer patients. The estimated number of new invasive cancer cases for Saskatchewan in 2009 is 5,000.[1]

Impact of Provincial Demographics on Cancer Services

With a population of 1,035,544 as of June 30, 2008, Saskatchewan saw an increase of 20,895 people since April 2007.[2] The population aged 65 and older in the province is 149,652.[3] The increase in the number of older people in the province reflects a trend throughout the developed world and poses new challenges for health systems everywhere. The risk of developing cancer increases as people age. In fact, most of the demand for cancer services occurs in the 50 and older age group.

New Cases of Cancer and Mortality

The survival rate for cancer continues to improve, resulting in a continuing increase in the total number of people in Saskatchewan living with cancer. This results in greater demand for cancer services and treatment, increased number of return visits for recurrent cancers. and awareness of the ongoing needs of cancer survivors.

	Male	Female
Canada New Cases Estimated 2009	89,300	81,700
Saskatchewan New Cases Estimated 2009	2,700	2,300
Canada Deaths Estimated 2009	39,600	35,700
Saskatchewan Deaths Estimated 2009	1,350	1,100

Source: *2009 Canadian Cancer Statistics*

1. Canadian Cancer Society, Canadian Cancer Statistics, 2009 www.cancer.ca/Saskatchewan/Publications/Publications%20on%20cancer%20statistics/~/media/CCS/Canada%20wide/Files%20List/English%20files%20heading/pdf%20not%20in%20publications%20section/Stats%202009E%20Cdn%20Cancer.ashx
2. 2008 Covered Population, Ministry of Health http://www.health.gov.sk.ca/covered-population-2008
3. Ibid.

Key Determinants of Health

Two areas within the mandate of the Saskatchewan Cancer Agency are prevention and early detection.

In prevention, the Agency promotes awareness that half of all cancers can be prevented through a healthier lifestyle. Individuals can make a difference in their health by eating healthy foods, maintaining a healthy body weight, staying physically active, practicing sun safety, and avoiding the use of tobacco.

There is also a growing body of evidence about what makes people healthy. According to the Public Health Agency of Canada, there are 12 key determinants of health:

- Income and Social Status
- Social Support Networks
- Education and Literacy
- Employment/Working Conditions
- Social Environments
- Physical Environments
- Personal Health Practices and Coping Skills
- Healthy Child Development
- Biology and Genetic Endowment
- Health Services
- Gender
- Culture

With regard to early detection, the Agency continues to work toward encouraging participation in its screening programs and looking at what, if any, new programs need to be developed.

2008-09 Performance Results

The Agency's strategic framework provides the foundation for measuring progress against goals and anticipating future challenges and new directions.

Throughout the year we were involved in many initiatives that would continue to provide cancer control and care services for the entire province. In this section, some of our key accomplishments and results are described in relation to strategic areas of focus.

Treatment and Support

Measure Radiation Oncology January 1 - March 31, 2009	Allan Blair Cancer Centre	Saskatoon Cancer Centre	Target
Percentage of patients seen by a radiation oncologist within two weeks of referral	46%	27%	25%
Percentage of patients starting radiation therapy within four weeks of being ready to treat	95%	87%	75%

Source: Quarterly Cancer Care Wait Times/Access Report (Quarter 4 2008-09)

Measure Medical Oncology January 1 - March 31, 2009	Allan Blair Cancer Centre	Saskatoon Cancer Centre	Target
Percentage of patients seen by a medical oncologist within two weeks of referral	32%	18%	25%
Percentage of patients starting intravenous chemotherapy within two weeks of oncologist appointment	53%	45%	50%

Source: Quarterly Cancer Care Wait Times/Access Report (Quarter 4 2008-09)

To help balance the wait times in Regina and Saskatoon, the Agency began a re-referral program in January 2009 that would allow patients who are equidistant from either cancer centre the option to be seen by a medical oncologist in Saskatoon rather than Regina.

For the fourth quarter ending March 31, 2009, the Agency met or exceeded its target wait times in the following areas:

- Percentage of patients seen by a radiation oncologist within two weeks of referral (Actual: 36%; Target 25%)
- Percentage of patients starting radiation within four weeks of being ready to treat (Actual: 91%; Target: 75%)
- Linear accelerator uptime (Actual: 98.7%; Target: 97%)
- Percentage of patients seen by a medical oncologist within two weeks of referral at the Allan Blair Cancer Centre is exceeding the target (actual: 32%; target: 25%)
- Percentage of patients starting IV chemotherapy within two weeks of an oncologist appointment is exceeding the target at the Allan Blair Cancer Centre (actual: 53%; target: 50%)

The Agency also recognizes the need for continued improvement in several areas including:

- Percentage of patients starting radiation therapy within six weeks of an oncologist appointment (actual: 63%; target: 75%)
- Number of patients waiting to be seen by a radiation oncologist and a medical oncologist as of March 31, 2009
- Percentage of patients seen by a radiation oncologist and a medical oncologist who have waited more than 12 weeks

2008-09 Performance Results

Along with providing access to oncologists and treatment, the upgrading and purchasing of new equipment is an important aspect of care for patients. In 2008-09, we completed the bunker renovations and installed a new linear accelerator at the Allan Blair Cancer Center.

In 2009, we also began providing funding of aromatase inhibitors for the adjuvant treatment of hormone-sensitive breast cancer in post-menopausal women. Aromatase inhibitor therapy is an important hormonal treatment option used to save and prolong the lives of post-menopausal women with breast cancer. By providing the funding for this medication, we are able to help more women in their battle against breast cancer and its recurrence.

A Healthy Population Free From Cancer: Population Health

Throughout the year, the Agency worked to bring awareness to the need for prevention. Given that approximately half of all cancers are preventable, continued work in this area is an important strategic priority for the Agency. During 2008-09, the Prevention Department collaborated with other provincial cancer agencies to develop a national standard set of indicators for effective cancer prevention programs within provincial cancer agencies.

Ongoing work continues in prevention with a focus on hard-to-reach communities including First Nation and Métis communities throughout Saskatchewan both on and off reserve.

In May 2008, the Prevention Program for Cervical Cancer hosted a public forum in which information on the human papillomavirus (HPV) was provided to the public. The program also continued to encourage women to have regular Pap tests as a way of detecting abnormal cells before they develop into cancer.

In 2008-09, the Screening Program for Breast Cancer provided 39,208 screens to eligible women. By working with the First Nations and Inuit Branch (Health Canada) and community nurses, we established a new mobile stop to promote breast cancer screening at Onion Lake. The results from this partnership were successful, raising the participation in the area from three per cent to 76 per cent.

The Agency continues to look at new screening programs and in January of 2009, the first phase of the Screening Program for Colorectal Cancer was announced. Colorectal cancer is the second most commonly diagnosed form of cancer in men and women. This program has the potential to significantly impact the province by detecting colorectal cancer early.

The Agency continued to look for opportunities to work with other cancer care and healthcare organizations. During the fiscal year, we submitted a proposal to the Canadian Partnership Against Cancer (CPAC) and were successful in receiving funding for:

- Cancer registry acquisition and implementation
- Collaborative stage training and further implementation
- E-path implementation
- Synoptic pathology reporting
- Two new cancer registrar positions, as well as a programmer analyst and project manager to support these projects

The Saskatchewan Cancer Registry provides data to healthcare providers, health regions and researchers in support of cancer research projects, to monitor cancer trends, and to plan appropriate cancer control strategies, such as early detection programs.

Quality, Safety and Risk: Managing Organizational Risk

At the Saskatchewan Cancer Agency we deliver many quality core services, and safety is an essential element at the heart of these services. Throughout the year, we worked to develop a comprehensive unusual occurrence management system. The proper management of unusual occurrences is an important part of creating core values in the Agency that supports both patient and staff safety.

We also concentrated our efforts on updating emergency plans and established an emergency planning committee that is meeting regularly.

During the year we continued to ensure the safety of staff and patients with a focus on infection control. We established a multidisciplinary infection control committee and undertook an audit of our sterilization procedures. This audit resulted in some policy and procedure changes that would better serve to safeguard our patients.

In this fiscal year the Quality and Performance Management division rolled out a hand hygiene program that is consistent with that of the Canadian Patient Safety Institute.

During the year we also completed an Accreditation Canada survey that touched every aspect of the Agency. Successful accreditation ensures we are aligned with national best practices in all components of our operations and helps ensure patients' confidence in care provision. In March of 2009 four accreditation surveyors visited the Agency's cancer centres and screening offices and provided an on-site report with information on areas where we could improve our services, processes and measures. The next step will be to receive and respond to a forecast report and continue to work on plans addressing outstanding issues raised by the surveyors.

In January, 14 Agency staff embarked on what is known as "green belt" training in Lean/Six Sigma. This training will provide the students with in-depth knowledge of Lean/Six Sigma. Lean is about removing waste from a process, while Six Sigma is about removing variation – when combined Lean/Six Sigma forms a powerful quality improvement methodology.

Within the context of safety, the Agency also measures sick leave and Workers' Compensation Board (WCB) claims.

Measures	2008	Target
Number of sick leave hours per full time equivalent (FTE)	48.98	52.18
Number of wage-driven premium hours (overtime and other premiums) per FTE[1]	24.7	20.49
Number of lost-time WCB claims per 100 FTEs[2]	.44	1.53
Number of lost time WCB days per 100 FTEs[2]	4.94	1.96

1. Wage-driven premium hours include SGEU employees only and overtime only.
2. Data calculated using monthly statements from WCB. Target is based on the Agency total figure for the 2008-09 year.

2008-09 Performance Results

Organizational Performance and Accountability

Over the past several years, the Agency has participated in several reviews, including the administrative review phase of the Patient First Review, the Provincial Auditor's annual review, and a PricewaterhouseCoopers review, all in an effort to improve services and programs, to garner information or to focus on options that would be within our mandate. In addition, we also spent time focusing on a strategic plan that would direct our activities in six key areas from 2008 to 2011.

We are moving forward in addressing the results of this work in a way that is manageable, that produces tangible results, and that can be communicated to staff in a manner that will resonate and engage them in understanding their role in providing cancer control services.

Agency Profile: Leaders in Cancer Control

The Saskatchewan Cancer Agency has a long and proud history in this province. Beginning in 1930 with the establishment of the Cancer Commission, Saskatchewan has been providing excellence in cancer control for the people of the province.

We have been working to let the public know of our programs, services and areas of excellence. One area of particular note is the work we do in research. Research is important to advance critical areas of patient care.

In 2008-09, the Agency received $1,129,361 in peer-reviewed competitive research grant support. We also awarded $280,968 in research grants to our Agency's researchers.

Strategic Plan - Single Biggest Impact

Financial Summary

Financial Indicators 2008/09	Agency Value	Provincial Value	Range	Target
Surplus (Deficit)	$965,406	not applicable	($1,500,000)-$965,406	$0
Surplus (Deficit) as a percentage of actual operating expenditures	1.04%	not applicable	(7.2%)-1.04%	0.0%-0.5%
Working capital ratio (current ratio)	1.35	not applicable	1.23-1.62	to be determined
Number of days able to operate with working capital	4.89	not applicable	4.89-11.4	to be determined

In 2008-09, the Saskatchewan Cancer Agency focused on negotiating the transfer of pharmacy oncology services from the Saskatoon and Regina Qu'Appelle Health Regions to the Agency. Another major initiative was the funding announcement for aromatase inhibitors for the adjuvant treatment of hormone-sensitive breast cancer in post-menopausal women. Through negotiation with the drug providers and prudent fiscal management of the drug contracts, we are now funding this program from 2008-09 onward.

Although we budgeted a $1.6 million deficit due to resource requirements related to cancer centre operations, drug expenditures were $3.1 million less than forecast and overall revenues were $500,000 less than expected, therefore allowing us to achieve a $965,000 net income in 2008-09 in the Operating Fund (one per cent of actual operating expenses).

While a significant amount of capital funding has been received in recent years from the Ministry of Health to replace and add new equipment, there is still some equipment that is quite old or at the end of its expected useful life. This equipment is at risk of failure and due for replacement.

Service contracts and in-house staff are used to maintain the equipment in our facilities and maximize its useful life. Contingency plans have also been developed in the event of a prolonged breakdown of equipment.

As advances in treatment and technology continue to emerge, this creates pressure to acquire new equipment technology on a timely basis. We monitor our equipment needs, allocate capital funding to high-priority areas and communicate additional funding requirements to the Ministry of Health through the annual planning process.

A linear accelerator was replaced at the Allan Blair Cancer Centre in 2008-09. As well, two CT simulators were funded by the Ministry of Health and are planned to be installed at the Allan Blair Cancer Centre and the Saskatoon Cancer Centre by the end of 2009-10.

The Agency will be submitting a 10-year prioritized capital plan to the Ministry of Health in 2009-10 that will clearly outline our key capital needs over that time period. This plan will be updated annually to strategically manage capital acquisitions over time.

The need for additional space to accommodate increasing workloads and expanding programs and services is an urgent priority. The need is most acute at the Saskatoon Cancer Centre, but is also a pressure at the Allan Blair Cancer Centre. We have engaged a consultant and are preparing a long-term facility development plan for both centres for addressing our facility needs until 2021. In the meantime, we have pursued alternatives to address the facility space pressure including small renovation projects and renting additional off-site building space. We will continue to look at ways to maximize the utility of the space we currently occupy by creating assessment tools to prioritize the various needs and demands on space.

The administration costs of support areas for the Agency's programs and activities is 4.9 per cent of operating costs.

Future Outlook and Emerging Issues

There are several factors that will influence the direction and work of the Saskatchewan Cancer Agency in the coming year.

Population

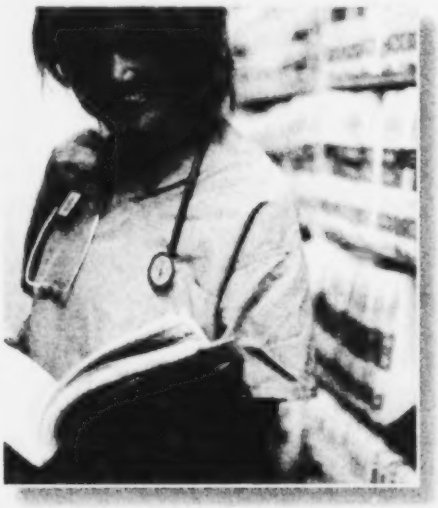
An aging population often contributes to higher rates of chronic diseases that will affect the demand and need for the Agency's services. Each year, approximately 5,000 new cases of cancer are diagnosed.

Wait Times

We have been working diligently on reducing wait times to meet established benchmarks. However, staffing of oncologists and other hard-to-recruit positions continues to impact our ability to significantly reduce wait times. We will be looking to develop new strategies for reducing wait times.

Screening

When the Agency's Screening Program for Colorectal Cancer begins in the Five Hills Health Region, there will be increased pressure to broaden the program province-wide at a rapid rate. This may put strain on staff resources, not just within the Agency, but at the provincial laboratory and in surgical suites or procedure rooms where endoscope procedures are performed. We will continue to monitor this program closely.



Prevention

Approximately half of all cancers are preventable. With rising health costs and the burden of cancer on individuals and society, it is increasingly important that prevention strategies are developed and implemented and that key partnerships are formed.

Patient First Review

The Government of Saskatchewan announced a Patient First Review in November 2008. One part of the review focused on issues and challenges in the healthcare system from the perspective of patients (the "customers"), their family members, and advocates, based on their experiences with the system.

The other part of the review is examining administration in health care and identifying efficiencies, constraints and opportunities for improvement in the regional health authorities, their affiliates, the Saskatchewan Cancer Agency and the Saskatchewan Association of Health Organizations.

The outcomes of this review could potentially change the way in which healthcare services are provided in the province and to patients within the cancer centres.

Quality and Safety

During the fiscal year we participated in the Quality as a Business Strategy workshops facilitated by the Health Quality Council.

Quality as a Business Strategy is a program designed to help senior managers and board members integrate quality into their health delivery organizations. Building this capability within healthcare leaders is one of the keys to creating a high-performing health system, the ultimate goal of Saskatchewan's new Accelerating Excellence initiative.

Future Outlook and Emerging Issues

Facilities - Space Management

We continue to deal with issues regarding space and capacity, not just in the short-term, but also for the future. With the necessary physical space requirements of equipment and the increased need for staff, we are facing ever-increasing facilities pressures.

Radiation Therapy Equipment

Radiation treatment technology is changing at a rapid pace. We are developing a long-term capital plan, which will include equipment pressures.

Drug Treatment Advances

Through the Agency's Pharmacy and Therapeutics Working Group we are assessing drugs and making recommendations for coverage. There continues to be a number of cancer drug treatment programs, including supportive cancer treatments, that are not funded by the Agency. Drug funding pressures are experienced by cancer agencies across the country.

Information Technology

The development of an integrated clinical management system, including an electronic health record system, appears to have public support as has been seen with early comments through the Patient First Review. The building of information management infrastructure, implementation and integration of data collection systems and necessary testing for accuracy and security will continue to stretch staffing and financial resources. However, the long-term benefit of an electronic health record system for physicians and patients is a positive step forward.

Collaboration at the Provincial and National Levels

Given that cancer control in various formats is taking place throughout Canada, there is a need to coordinate efforts and to learn from each other. The Canadian Partnership Against Cancer provides hope for improved coordination at the inter-provincial level. CPAC will provide leadership in knowledge management and coordination of effort among provinces and territories, cancer experts, stakeholder groups and aboriginal organizations. We have representation on several of CPAC's Action Groups.

Governance and Transparency

Board Structure

The Saskatchewan Cancer Agency is funded by the provincial government and is directed by a Board of Directors appointed by the Lieutenant Governor in Council. Serving on the Board as of March 31, 2008 were Carolyn Rebeyka from Saskatoon (Acting Chair); Gordon Joyce, Dr. Stewart McMillan and Moyez Somani from Regina; Denis Caron, Doug Finnie, and Laura Kennedy from Saskatoon; Dr. Walter Streelasky from Melville; and Wayne Pearson from Prince Albert. Two positions are vacant. In October 2008, Jon Schubert stepped down as the Chair of the Board and the position was temporarily filled until a new chair can be appointed. As well, Mark Frison from Swift Current stepped down as a board member in December 2008.

The Board has three sub-committees which meet regularly to discuss the strategies of the Agency: Quality, Safety and Risk; Audit; and Governance and Human Resources.

Payee Disclosure List

As part of government's commitment to accountability and transparency, the Ministry of Health, the regional health authorities and the Agency disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures. The Agency's 2008-09 Payee Disclosure List is included in the Financial Statements in this report.

From left to right: Carolyn Rebeyka, Douglas Finnie, Denis Caron, Jon Schubert, Gordon Joyce, Mark Frison, Dr. J. Stewart McMillan
Missing: Wayne Pearson, Moyez Somani, Laura Kennedy, Dr. Walter Streelasky

Management Report

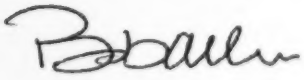
The accompanying financial statements are the responsibility of management and have been approved in principle by the Agency's Board of Directors. The financial statements have been prepared in accordance with Canadian generally accepted accounting principles and, of necessity, include some amounts that are based on estimates and judgments. The financial information presented in the Financial Summary and elsewhere in this report is consistent with that in the financial statements.

Management maintains an appropriate system of internal control, including policies and procedures, which provide reasonable assurances that the Agency's assets are safeguarded and that financial records are relevant and reliable.

The Board of Directors carries out its responsibility for the financial statements and for overseeing management's financial reporting responsibilities by meeting with management to discuss and review financial matters. The Provincial Auditor of Saskatchewan has full and open access to the Board of Directors.

The Provincial Auditor of Saskatchewan conducts an independent audit of the financial statements. Their examination is conducted in accordance with Canadian generally accepted auditing standards and includes tests and other procedures which allow them to report on the fairness of the financial statements. The Auditor's Report outlines the scope of their audit and their opinion.

On behalf of management,



Bob Allen
Chief Executive Officer

Michele Arscott, CA
Chief Financial Officer

May 19, 2009

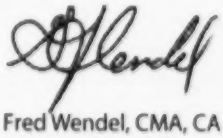
Auditor's Report

To the Members of the Legislative Assembly of Saskatchewan

I have audited the statements of financial position of the Saskatchewan Cancer Agency as at March 31, 2009 and the statements of operations and changes in fund balances, and cash flows for the year then ended. The Agency's management is responsible for preparing these financial statements for Treasury Board's approval. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Agency as at March 31, 2009 and the results of its operations and changes in fund balances, and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.



Regina, Saskatchewan
May 19, 2009

Fred Wendel, CMA, CA
Provincial Auditor

Statement 1

SASKATCHEWAN CANCER AGENCY
STATEMENT OF FINANCIAL POSITION
As at March 31

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Research Fund	Restricted Funds: Trust Fund	Total 2009	Total 2008
ASSETS						
Current Assets						
Cash and short-term investments (Schedule 1)	$ 3,055,581	$ 3,361,944	$ 810,120	$ 1,561,428	$ 8,789,073	$ 13,612,866
Accounts receivable:						
- Ministry of Health – General Revenue Fund	—	—	—	—	—	112,262
- Other	1,273,649	19,387	—	25,240	1,318,276	795,579
Inventory	3,050,522	—	—	—	3,050,522	2,641,143
Prepaid expenses	521,244	—	—	528	521,772	223,436
Due (to) from other funds	(760,048)	1,228,863	(66,308)	(402,507)	—	—
	7,140,948	4,610,194	743,812	1,184,689	13,679,643	17,385,286
Investments (Schedule 1)	5,631,289	1,723,678	—	1,551,458	8,906,425	7,389,817
Capital assets (Note 4)	—	26,292,008	—	—	26,292,008	24,209,332
Total Assets	$ 12,772,237	$ 32,625,880	$ 743,812	$ 2,736,147	$ 48,878,076	$ 48,984,435
LIABILITIES & FUND BALANCE						
Current Liabilities						
Accounts payable	$ 3,571,558	$ 415,528	$ 13,124	$ 32,040	$ 4,032,250	$ 6,250,758
Accrued salaries	1,967,334	—	—	—	1,967,334	1,154,571
Vacation payable	1,535,466	—	2,124	—	1,537,590	1,201,273
Deferred revenue (Note 7)	2,576,134	—	—	—	2,576,134	3,271,422
	9,650,492	415,528	15,248	32,040	10,113,308	11,878,024
Fund Balances						
Invested in capital assets	—	26,292,008	—	—	26,292,008	24,209,332
Externally restricted (Schedule 2)	—	1,812,133	728,564	2,142,794	4,683,491	3,153,519
Internally restricted (Schedule 3)	3,121,745	2,860,851	—	561,313	6,543,909	6,372,507
Unrestricted	—	1,245,360	—	—	1,245,360	3,371,053
Fund balances	3,121,745	32,210,352	728,564	2,704,107	38,764,768	37,106,411
Total Liabilities & Fund Balance	$ 12,772,237	$ 32,625,880	$ 743,812	$ 2,736,147	$ 48,878,076	$ 48,984,435

(The accompanying notes and schedules are part of these financial statements.)

Statement 2

SASKATCHEWAN CANCER AGENCY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31

	Operating Fund		Restricted Funds				
	Total 2009	Total 2008	Capital Fund 2009	Research Fund 2009	Trust Fund 2009	Total 2009	Total 2008 (Note 13)
REVENUES							
Ministry of Health – General Revenue Fund	$ 91,387,361	$ 78,516,635	$ 5,125,000	$ —	$ —	$ 5,125,000	$ 767,906
Grants	637,006	583,775	—	—	—	—	—
Donations and bequests	—	—	—	—	1,369,487	1,369,487	1,170,306
Investment income	377,671	454,856	111,644	11,968	114,190	237,802	512,377
Unrealized gain – Financial instruments	75,062	68,569	—	—	6,248	6,248	10,668
Other revenues	1,409,623	1,403,276	3,387	—	—	3,387	—
	93,886,723	81,027,111	5,240,031	11,968	1,489,925	6,741,924	2,461,257
EXPENSES							
Salaries and employee benefits	49,380,153	42,887,156	—	—	112,655	112,655	87,385
Drugs and medical supplies	33,604,861	28,949,860	—	—	—	—	—
Purchased services	1,885,721	1,721,555	—	—	—	—	—
Other expenses	8,050,582	7,172,946	—	—	343,698	343,698	250,250
Research grants (Schedule 4)	—	—	—	425,535	—	425,535	306,210
Amortization	—	—	5,156,319	—	—	5,156,319	4,769,781
Unrealized loss – Financial instruments	—	—	5,604	—	—	5,604	—
Loss/(gain) on disposal of capital assets	—	—	5,162	—	—	5,162	972,750
	92,921,317	80,731,517	5,167,085	425,535	456,353	6,048,973	6,386,376
Excess (deficiency) of revenues over expenses	965,406	295,594	72,946	(413,567)	1,033,572	692,951	(3,925,119)
Fund balances, beginning of year	3,488,421	3,062,319	30,505,071	474,538	2,638,381	33,617,990	37,484,871
Prior year change in accounting policy	—	130,508	—	—	—	—	58,238
Interfund transfers (Note 8)	(1,332,082)	—	1,632,335	667,593	(967,846)	1,332,082	—
Fund balances, end of year	$ 3,121,745	$ 3,488,421	$ 32,210,352	$ 728,564	$ 2,704,107	$ 35,643,023	$ 33,617,990

(The accompanying notes and schedules are part of these financial statements.)

Statement 3

SASKATCHEWAN CANCER AGENCY
STATEMENT OF CASH FLOWS
For the Year Ended March 31

	Operating Fund		Restricted Funds				
	2009	2008	Capital Fund	Research Fund	Trust Fund	Total 2009	Total 2008
Cash provided by (used in):	**Operating Activities**		**Financing and Investing Activities**				
Excess (deficiency) of revenues over expenses	$ 965,406	$ 295,594	$ 72,946	$ (413,567)	$ 1,033,572	$ 692,951	$ (3,925,119)
Net change in non-cash working capital (Note 3)	(1,170,433)	(1,931,539)	(1,680,768)	(91,072)	59,407	(1,712,433)	1,793,052
Amortization of capital assets	—	—	5,156,319	—	—	5,156,319	4,769,781
Loss/(gain) on disposal of capital assets	—	—	5,162	—	—	5,162	972,750
	(205,027)	(1,635,945)	3,553,659	(504,639)	1,092,979	4,141,999	3,610,464
Purchase of capital assets							
Buildings/construction	—	—	(1,623,529)	—	—	(1,623,529)	(860,169)
Equipment	—	—	(5,620,628)	—	—	(5,620,628)	(5,484,333)
Proceeds on disposal of capital assets							
Equipment	—	—	—	—	—	—	112,057
	—	—	(7,244,157)	—	—	(7,244,157)	(6,232,445)
Net acquisition of investments	(23,512)	(68,568)	(990,088)	—	(503,008)	(1,493,096)	(10,668)
Net increase (decrease) in cash and short-term investments during the year	(228,539)	(1,704,513)	(4,680,586)	(504,639)	589,971	(4,595,254)	(2,632,649)
Cash and short-term investments, beginning of year	4,616,202	6,320,715	6,410,195	647,166	1,939,303	8,996,664	11,629,313
Interfund transfers (Note 8)	(1,332,082)	—	1,632,335	667,593	(967,846)	1,332,082	—
Cash and short-term investments, end of year	$ 3,055,581	$ 4,616,202	$ 3,361,944	$ 810,120	$ 1,561,428	$ 5,733,492	$ 8,996,664
Amounts in cash balances							
Cash and short-term investments	$ 3,055,581	$ 4,616,202	$ 3,361,944	$ 810,120	$ 1,561,428	$ 5,733,492	$ 8,996,664

(The accompanying notes and schedules are part of these financial statements.)

SASKATCHEWAN CANCER AGENCY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2009

1. Legislative Authority

The Saskatchewan Cancer Foundation commenced operations on August 1, 1979 under the provisions of *The Cancer Foundation Act*. Effective January 2, 2007, it continued as a corporation under the name of the Saskatchewan Cancer Agency (Agency), pursuant to *The Cancer Agency Act*. The Agency is responsible for the planning, organization, delivery and evaluation of cancer care services throughout Saskatchewan in collaboration with regional health authorities and health care organizations.

The Agency is a non-profit organization and is not subject to income and property taxes from the federal, provincial and municipal levels of government.

2. Significant Accounting Policies

Pursuant to standards established by the Public Sector Accounting Board, the Agency is classified as a government not-for-profit organization. These financial statements have been prepared in accordance with Canadian generally accepted accounting principles applicable to not-for-profit entities and include the following significant policies:

a) Fund Accounting

The accounts of the Agency are maintained in accordance with the restricted fund method of accounting. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The Operating Fund reflects the primary operations of the Agency including contributions from the Ministry of Health - General Revenue Fund for the provision of health services. Other revenues consist of recoveries, ancillary revenue and billings to patients and other organizations.

ii) Capital Fund

The Capital Fund is a restricted fund that reflects the equity of the Agency in capital assets. The Capital Fund includes contributions from the Ministry of Health - General Revenue Fund designated for construction of capital projects and the acquisition of capital equipment. Expenses consist primarily of amortization of capital assets.

iii) Research Fund

The Research Fund is a restricted fund that supports the awarding of cancer research grants. The research fund includes contributions from research donations transferred from the Trust Fund and investment income of the Research Fund.

iv) Trust Fund

The Trust Fund is a restricted fund that accepts donations and contributions designated by the contributors to be used for such purposes as cancer research, equipment and library books. The Agency maintains a record of the funds contributed and spent for each of the designated purposes until such funds are fully utilized.

b) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized in the year as revenue of the appropriate restricted fund.

c) Investments

Investments are valued at fair value.

d) Inventory

Inventory consists of chemotherapy drugs valued at cost as determined on the average cost method.

e) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	20 years
Leasehold improvements	3 - 20 years
Equipment and furniture	4 - 15 years

Donated capital assets are recorded at their fair value at the date of contribution.

f) Asset Retirement Obligations

Asset retirement obligations are legal obligations associated with the retirement of tangible long-lived assets. Asset retirement obligations are recorded when they are incurred if a reasonable estimate of fair value can be determined. Accretion (interest) expense is the increase in the obligation due to the passage of time. The associated retirement costs are capitalized as part of the carrying amount of the asset and amortized over the asset's remaining useful life.

g) Pension

Employees of the Agency participate primarily in the Public Employees' Pension Plan (a related party) which is a defined contribution pension plan. The Agency follows defined contribution plan accounting for its participation in the plan. Accordingly, the Agency expenses all contributions it is required to make in the year.

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses, and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in the period in which they become known.

i) Financial Instruments

The Agency has classified its financial instruments into one of the following categories: held-for-trading, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income. Loans and receivables and other liabilities are subsequently recorded at amortized cost. The classifications of the Agency's significant financial instruments are as follows:

- Cash is classified as held-for-trading.
- Accounts receivable are classified as loans and receivables.
- Investments are classified as held-for-trading. Transaction costs related to held-for-trading financial assets are expensed as incurred.
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities.

As at March 31, 2009 (2008 – none), the Agency does not have any outstanding contracts or financial instruments with embedded derivatives.

The Agency is exposed to financial risks as a result of financial instruments. The Agency has policies and procedures in place to mitigate the associated risks (see Note 11). The risks the Agency is exposed to are:

i) Price risks which include:
- Currency risk - affected by changes in foreign exchange rates.
- Interest rate risk - affected by changes in market interest rates.
- Market risk - affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument or the issuer or factors affecting all instruments traded in the market.

ii) Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.

iii) Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result in an inability to sell a financial asset quickly at close to its fair value.

iv) Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

3. Net Change in Non-Cash Working Capital

	Operating Fund		Restricted Funds				
	2009	2008	Capital Fund	Research Fund	Trust Fund	Total 2009	Total 2008
(Increase) decrease in accounts receivable	$ (414,111)	$ 145,209	$ 18,419	$ -	$ (14,743)	$ 3,676	$ (10,487)
(Increase) in inventory	(409,379)	(317,952)	-	-	-	-	-
(Increase) decrease in prepaid expenses	(297,808)	157,196	-	-	(528)	(528)	2,275
(Increase) decrease in due (to) from other funds	315,796	(70,443)	(316,557)	(97,252)	98,013	(315,796)	70,443
Increase (decrease) in accounts payable	(816,653)	(1,550,627)	(1,382,630)	4,110	(23,335)	(1,401,855)	1,733,195
Increase in accrued salaries	812,763	311,187	-	-	-	-	-
Increase (decrease) in vacation payable	334,247	19,261	-	2,070	-	2,070	(2,374)
Increase (decrease) in deferred revenue	(695,288)	(625,370)	-	-	-	-	-
	$ (1,170,433)	$ (1,931,539)	$ (1,680,768)	$ (91,072)	$ 59,407	$ (1,712,433)	$ 1,793,052

4. Capital Assets

	March 31, 2009			March 31, 2008
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land and Improvements	$ 280,297	$ —	$ 280,297	$ 280,297
Buildings	20,042,939	18,493,701	1,549,238	2,369,383
Leasehold Improvements	14,297,483	7,386,705	6,910,778	6,080,854
Equipment and Furniture	41,265,364	23,713,669	17,551,695	15,478,798
	$ 75,886,083	$ 49,594,075	$ 26,292,008	$ 24,209,332

5. Commitments

a) Capital Assets Acquisitions

At March 31, 2009, commitments for acquisition of capital assets are $2,371,431 (2008 - $1,528,115).

b) Operating Leases

Minimum annual payments under operating leases on property over the next five years are as follows:

2010	$ 598,085
2011	574,488
2012	583,652
2013	503,527
2014	112,749

c) Asset Retirement Obligations

The Agency does not have any significant liability for asset retirement obligations. Asset retirement costs are associated with the removal of radiation sources from the Cancer Centres. As these costs are not significant, they will be expensed in the period in which they are incurred.

d) Contracted Health Services Operators

The Agency contracts on an ongoing basis with the Regional Health Authorities to provide some services such as lab tests, diagnostic radiology and housekeeping and maintenance services for the Agency. The Agency contracted services in the year ended March 31, 2009 amounting to $7,246,226 (2008 - $8,058,237).

6. Cancer Patient Lodges

The Canadian Cancer Society, Saskatchewan Division, previously donated two cancer patient lodges in the Province to the Agency. Under the terms of an agreement with the Society, the Agency has assumed responsibility for the operations of these lodges. Title to the properties will remain with the Agency so long as they are operated as cancer patient lodges. If the Agency ceases to use the buildings as patient lodges, title of those buildings will be transferred to the Society without charge.

7. Deferred Revenue

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Ministry of Health Initiatives				
Ministry of Health - General Revenue Fund				
- Aboriginal awareness training	$ 27,696	$ (5,002)	$ 3,450	$ 26,144
- Professional development initiatives	51,418	(35,746)	27,013	42,685
- Quality workplace initiatives	57,362	(23,217)	26,840	60,985
- Colorectal screening initiatives	1,100,000	(183,429)	---	916,571
- First Nation & Metis cancer initiatives	10,000	---	---	10,000
- Nurse safety training initiatives	16,838	(45,452)	47,620	19,006
- Physician tuition initiatives	3,000	(3,000)	---	---
- Drug & wait time initiatives	809,083	(511,936)	---	297,147
- Drug funding	1,176,439	---	25,214	1,201,653
Total Ministry of Health Initiatives	3,251,836	(807,782)	130,137	2,574,191
Non-Ministry of Health Initiatives				
Other revenue received in advance	19,586	(17,643)	---	1,943
Total Non-Ministry of Health Initiatives	19,586	(17,643)	---	1,943
Total Deferred Revenue	$ 3,271,422	$ (825,425)	$ 130,137	$ 2,576,134

8. Interfund Transfers

Each year the Agency transfers amounts between its funds for various purposes. These include funding current and future capital asset purchases, research grants, and reassigning fund balances to support certain activities.

	2009			
	Operating Fund	Capital Fund	Research Fund	Trust Fund
Capital asset purchases	$ (932,082)	$ 1,632,335	$ ---	$ (700,253)
Research grants	(400,000)	---	667,593	(267,593)
Total	$ (1,332,082)	$ 1,632,335	$ 667,593	$ (967,846)

	2008			
	Operating Fund	Capital Fund	Research Fund	Trust Fund
Capital asset purchases	$ ---	$ 473,305	$ ---	$ (473,305)
Research grants	---	---	317,347	(317,347)
Total	$ ---	$ 473,305	$ 317,347	$ (790,652)

9. Pension Plan

Employees of the Agency participate primarily in the Public Employees' Pension Plan (a related party) which is a defined contribution pension plan. The Province of Saskatchewan is responsible for the plan. The Agency's financial obligation to the plan is limited to making required payments to match the amount contributed by the employees for current services. Pension expense for the year amounted to $2,221,159 (2008 - $1,898,345) and is included in benefits in Schedule 5.

	2009					2008
	SHEPP	PSSP	PEPP	Other	Total	Total
Number of active members	24	0	500	1	525	459
Member contribution rate, percentage of salary	5.85-7.35%	0	7.00%	0		
SCA contribution rate, percentage of salary	6.55-8.23%	0	7.00%	0		
Member contributions (thousands of dollars)	43	0	2,255	2	2,300	1,947
SCA contributions (thousands of dollars)	46	0	2,174	1	2,221	1,898

10. Related Party Transactions

These financial statements include transactions with related parties. The Agency is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The Agency is also related to non-Crown enterprises that the Government jointly controls or significantly influences.

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. Drugs and purchased hospital services acquired from related parties are recorded at rates agreed to by the related parties.

Other routine operating transactions with related parties are recorded at agreed upon rates charged by those organizations and are settled on normal trade terms.

	2009	2008
Expenses		
Regina Qu'Appelle Regional Health Authority	$ 3,240,270	$ 3,601,141
Saskatoon Regional Health Authority	3,669,775	4,174,336
Public Employees' Pension Plan	2,174,689	1,898,345
Other related parties	3,430,823	2,344,713
Total related party expenses	$ 12,515,557	$ 12,018,535

	2009	2008
Prepaid Expenses		
Other related parties	270,747	20,000
Total related party prepaid expenses	$ 270,747	$ 20,000
Accounts Payable		
Regina Qu'Appelle Regional Health Authority	$ 392,935	$ 520,447
Saskatoon Regional Health Authority	677,739	1,227,586
Other related parties	761,325	484,649
Total related party payable	$ 1,831,999	$ 2,232,682

In addition, the Agency pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

The building premises occupied by the Allan Blair Cancer Centre are leased from the Regina Qu'Appelle Regional Health Authority for $1 per year, including a portion of occupancy costs. The Saskatoon Cancer Centre building owned by the Agency is situated on land owned by the University of Saskatchewan. The Agency is not charged for the use of this land.

11. Financial Instruments

a) Significant Terms and Conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows.

b) Interest Rate Risk

The Agency is exposed to the following interest rate risk when the value of its financial instruments fluctuates due to changes in market interest rates:

- The interest rate risk for the Agency's receivables and payables is minimal because they are non-interest bearing and of a short-term nature.

- As market interest rates fluctuate, the market value of long-term investments moves in the opposite direction. This risk will affect the selling price of investments if they are sold prior to maturity. Due to the size and nature of the Agency's investment portfolio and its future cash flow needs, the Agency is able to manage the timing of investment disposals in a manner that minimizes the interest rate risk.

c) Credit Risk

The Agency is exposed to credit risk from potential non-payment of accounts receivable or investment income and principle. The credit risk for the Agency's receivables is minimal because they are mostly from the Ministry of Health - General Revenue Fund, other government organizations or suppliers with which the Agency has ongoing contractual relations. The credit risk for the Agency's investments and related accrued interest receivable is minimal because investments consist of corporate bonds and provincial government bonds and debentures.

d) Fair Value of Financial Instruments

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
  - Accounts receivable
  - Accounts payable
  - Accrued salaries and vacation payable

- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 1, determined using quoted market prices.

12. Budget

Schedule 5 compares actual results to the 2008-09 budget plan approved by the Agency's Board of Directors on May 29, 2008.

13. Comparative Information

Certain 2007-08 balances have been reclassified to conform to current year's presentation.

Schedule 1

SASKATCHEWAN CANCER AGENCY
SCHEDULE OF INVESTMENTS
As at March 31, 2009

	Fair Value	Maturity Date	Effective Rate	Coupon Rate
Restricted Investments				
Cash and short-term investments:				
Royal Bank of Canada	$ 5,733,492	—	0.55%	—
Long-term investments:				
Province of British Columbia Bond	504,085	06/01/09	5.62%	5.70%
GE Capital Canada Bond	501,965	10/23/09	5.71%	5.65%
Province of Saskatchewan Savings Bond	551,955	12/03/12	5.21%	5.25%
Province of New Brunswick Bond	222,126	02/25/13	4.89%	5.50%
Province of Manitoba Bond	997,467	12/03/14	3.19%	4.80%
Province of Manitoba Bond	497,538	12/03/14	3.19%	4.80%
	3,275,136			
Total restricted investments	$ 9,008,628			
Unrestricted Investments				
Cash and short-term investments:				
Royal Bank of Canada	$ 3,055,581	—	0.55%	—
Long-term investments:				
Province of Nova Scotia Bond	503,835	06/01/09	5.08%	5.40%
Glacier Credit Card Trust Bond	526,454	11/20/09	4.27%	4.27%
GE Capital Canada Fund Strip Bond	405,900	07/24/12	5.00%	5.00%
Bank of Nova Scotia Bond	501,410	05/12/14	6.13%	5.75%
Royal Bank of Canada Bond	538,190	06/05/14	4.59%	4.97%
Province of New Brunswick Bond	1,046,480	12/03/15	4.42%	4.30%
Province of Saskatchewan Savings Bond	2,109,020	08/23/16	4.42%	4.50%
	5,631,289			
Total unrestricted investments	$ 8,686,870			
Restricted & Unrestricted Totals				
Total cash and short-term investments	$ 8,789,073			
Total long-term investments	8,906,425			
Total Investments	$ 17,695,498			

Schedule 2

SASKATCHEWAN CANCER AGENCY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2009

Restriction	Balance Beginning of Year	Investment and Other Revenue	Expenses	Transfers	Balance End of Year
Capital acquisitions	$ 681,482	$ 2,125,000	$ (963,479)	$ (30,870)	$ 1,812,133
Research contributions	474,538	11,968	(425,535)	667,593	728,564
Trust Fund donations	1,997,499	1,016,911	(239,202)	(632,414)	2,142,794
Total	$ 3,153,519	$ 3,153,879	$ (1,628,216)	$ 4,309	$ 4,683,491

Schedule 3

SASKATCHEWAN CANCER AGENCY
SCHEDULE OF INTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2009

Restriction	Balance Beginning of Year	Investment and Other Revenue	Expenses	Transfers	Balance End of Year
Contingency Reserve[1]	$ 1,000,000	$ —	$ —	$ 2,121,745	$ 3,121,745
CMS Reserve [2]	1,030,727	—	(521,471)	—	509,256
Capital acquisitions	3,700,898	3,000,000	(4,236,428)	(112,875)	2,351,595
Trust Fund donations	640,882	473,014	(217,151)	(335,432)	561,313
Total	$ 6,372,507	$ 3,473,014	$ (4,975,050)	$ 1,673,438	$ 6,543,909

[1] The operating fund balance is considered part of the contingency reserve as it supports the working capital position of the Agency.

[2] The Agency is implementing a multi-million dollar Clinical Management System (CMS) and established the CMS Reserve in 2003-04 to help fund this initiative.

Schedule 4

SASKATCHEWAN CANCER AGENCY
SCHEDULE OF RESEARCH GRANTS
For the Year Ended March 31, 2009

	2009	2008
Role of Ankyrin3 in Receptor Mediated Endocytosis, Saskatoon	$ 98,154	$ 87,166
HER-2/neu-specific exosome-targeted CD4+ T Cell Vaccine of Breast Cancer, Saskatoon	94,349	-
Correlation of Synchotron Fourier Transform Infrared Spectroscopy, MRI Spectroscopy and N-Myristoyltransferase Expression as Functional Biodiagnostic Indicators in Glioblastoma Multiforme, Saskatoon	85,779	-
Characterization of MS-1 and its Role in Breast Cancer Metastasis, Saskatoon	85,138	86,756
Role of MS-1 Expression in Tumor Metastasis, Saskatoon	39,750	-
Role of Nodal Ratio in Breast Cancer Management, Regina	22,365	-
Combined Radiation Therapy and Dendritic Cell Vaccine in Treatment of Breast and Head-Neck Tumors, Saskatoon	-	89,475
Role of the Regulatory Subunit of P13K (p85) in PDGF Receptor Down-Regulation, Saskatoon	-	29,062
Prognostic Role of Surgical Resection of Primary Tumor in Metastatic Colorectal Cancer, Saskatoon	-	6,880
Repayment of unused grant to HSURC	-	6,871
Total Grants	$ 425,535	$ 306,210
Breakdown		
Operating expenses	$ 425,535	$ 306,210
Capital expenditures	-	-
	$ 425,535	$ 306,210

Schedule 5

SASKATCHEWAN CANCER AGENCY
COMPARISON OF ACTUAL TO BUDGET
For the Year Ended March 31, 2009

	Operating Fund		Restricted Funds					
			Capital Fund		Research Fund		Trust Fund	
	Actual	Budget (Note 12)	Actual	Budget (Note 12)	Actual	Budget (Note 12)	Actual	Budget (Note 12)
REVENUES								
Ministry of Health - General Revenue Fund	$ 91,387,361	$ 92,495,146	$ 5,125,000	$ 550,000	$ —	$ —	$ —	$ —
Grants	637,006	877,155	—	—	—	—	—	—
Donations and bequests	—	—	—	—	—	—	1,369,487	1,183,995
Investment income	452,733	318,120	106,040	120,000	11,968	12,000	120,438	140,400
Other revenues	1,409,623	728,968	3,387	—	—	—	—	—
(Loss) on disposal of capital assets			(5,162)	—	—	—	—	—
	93,886,723	94,419,389	5,229,265	670,000	11,968	12,000	1,489,925	1,324,395
EXPENSES								
Salaries and employee benefits	49,380,153	49,013,443	—	—	—	—	112,655	205,768
Drugs and medical supplies	33,604,861	36,901,898	—	—	—	—	343,698	348,196
Purchased services	1,885,721	1,720,701	—	—	425,535	444,093	—	—
Other expenses	8,050,582	8,407,123	7,244,157	7,677,681	—	—	—	—
Research grants (Schedule 4)			—	—	—	—	—	—
Capital expenditures			7,244,157	7,677,681	425,535	444,093	456,353	553,964
	92,921,317	96,043,165						
Excess (deficiency) of revenues over expenses	965,406	(1,623,776)	(2,014,892)	(7,007,681)	(413,567)	(432,093)	1,033,572	770,431
Interfund transfers (Note 8)	(1,332,082)	—	1,632,335	812,575	667,593	267,593	(967,846)	(1,080,168)
Net increase (decrease) in fund balances	$ (366,676)	$ (1,623,776)	$ (382,557)	$ (6,195,106)	$ 254,026	$ (164,500)	$ 65,726	$ (309,737)

Schedule 6

SASKATCHEWAN CANCER AGENCY
CONSOLIDATED SCHEDULES OF

BOARD MEMBER REMUNERATION
For the Year Ended March 31, 2009

	2009							2008
Board Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	Total [2]	Total Restated
Board Chair:								
Schubert, Jon [1]	$ 5,810	$ 1,500	$ 150	$ 558	$ -	$ -	$ 8,018	$ 15,246
Board Members:								
Caron, Denis	-	2,726	750	2,309	-	-	5,785	3,529
Finnie, Doug	-	4,100	1,638	7,311	-	-	13,049	8,549
Frison, Mark	-	900	450	1,918	-	-	3,268	8,354
Joyce, Gordon	-	2,000	375	913	-	-	3,288	3,769
Kennedy, Laura	-	1,400	125	1,291	-	-	2,816	1,175
McMillan, Dr. Stewart	-	1,425	450	694	-	-	2,569	1,504
Pearson, Wayne	-	2,288	1,951	4,336	-	-	8,575	3,872
Rebeyka, Carolyn	-	700	250	680	-	-	1,630	557
Somani, Moyez	-	1,200	-	160	-	-	1,360	1,427
Streelasky, Dr. Walter	-	2,100	883	2,131	-	-	5,114	1,964
Total	$ 5,810	$ 20,339	$ 7,022	$ 22,301	$ -	$ -	$ 55,472	$ 49,946

[1] Chairperson resigned effective October 9, 2008.

[2] Board Member remuneration will fluctuate from member to member based on the number of meetings and conferences that they attend. The level of remuneration per member will also be affected by the location of these events, as members are resident in various areas throughout the province.

SENIOR MANAGEMENT REMUNERATION, BENEFITS, ALLOWANCES, AND SEVERANCE
For the Year Ended March 31, 2009

	2009					2008		
Senior Employees	Salaries [1]	Benefits and Allowances [2]	Sub-total	Severance Amount	Total	Salaries, Benefits, and Allowances [1],[2]	Severance	Total
Robert Allen, Chief Executive Officer	$ 177,065	$ 2,107	$ 179,172	$ -	$ 179,172	$ 174,275	$ -	$ 174,275
Dr. David Popkin, Vice-President, Care Services - Clinical	408,000	-	408,000	-	408,000	398,279	-	398,279
Bill Morton, Vice-President, Corporate Services [3]	42,170	-	42,170	-	42,170	135,653	-	135,653
Kevin Lacey, Vice-President, Corporate Services [3]	86,942	-	86,942	-	86,942	-	-	
Dr. Svein Carlsen, Vice-President, Research	138,980	-	138,980	-	138,980	134,929	-	134,929
Ivan Offert, Vice-President, Care Services - Operations	135,908	-	135,908	-	135,908	131,598	-	131,598
Jon Tonita, Vice-President, Population Health	119,527	-	119,527	-	119,527	110,247	-	110,247
Ron Colin, Vice-President, Quality & Performance Management	105,381	-	105,381	-	105,381	91,921	-	91,921
Total	$ 1,213,973	$ 2,107	$ 1,216,080	$ -	$ 1,216,080	$ 1,176,902	$ -	$ 1,176,902

[1] Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, merit or performance pay, lumpsum payments, and any other direct cash remuneration.

[2] Benefits and allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile, cell phone, computer, etc., as well as any other taxable benefits.

[3] Bill Morton retired June 30, 2008 and was replaced by Kevin Lacey on July 14, 2008.

PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2009

Personal Services

Listed are individuals who received payments for salaries,wages, honorariums, etc., which total $50,000 or more.

Abbs, Jenelle	$	74,291	Campbell, Lorna		70,472
Aboo, Ismail		263,902	Carlsen, Svein		138,980
Ahmad, Imran		351,630	Carmichael, Karen		60,185
Ahmed, Shahid		340,889	Carmichael, Linda		79,344
Ali, S Kaiser		402,412	Carriere, Jocelyne		55,815
Allen, Joanne		70,493	Chalchal, Haji		353,624
Allen, Robert		177,065	Cherwaty, Gail		76,848
Alvi, Riaz		82,455	Choquette, Heather		70,585
Amjad, Asim		252,535	Chow, Leissa		70,513
Anderson, Deborah		107,495	Christenson, Kendra		54,506
Andreas, J. Joe		78,580	Cocarell, John		63,439
Arnold, Florence		351,105	Cole, Scott		54,053
Arscott, Michele		54,304	Colin, Ron		105,381
Arsenault, Deborah		96,737	Colleaux, Dena		71,090
Ash, Sheila		54,503	Conklin, Sheldon		58,599
Barnardo, Christopher		66,153	Cook, Darcy		71,403
Barss, Richard		75,790	Coulter, Sheila		86,008
Beckett, Craig		133,978	Cowan, Sarah		70,163
Behl, Monica		323,186	Cranmer-Sargison, Gavin		93,573
Belitski, Renee		96,737	Dagnone, Mary		82,615
Belous, Janice		69,917	Dahl, Melvin		70,506
Bernauer, Sandra		55,100	Davis, Karen		79,557
Berzolla, Wayne		54,596	Decker, Allison		52,120
Bichon, Carol		67,362	Derdall, Carson		67,377
Bjorndahl, Sterling		105,846	Dergousoff, Stephanie		80,335
Blachford, Patti		59,246	Derrick, Peter		78,714
Black, Megan		71,883	Deters, Tim		76,155
Blackwell, Maitland		53,519	Dewald, Carmen		70,503
Blake, Wanda		60,343	Dickof, Peter		134,900
Bleile, Lana		60,854	Doell, Heather		95,353
Boehm, Darryl		62,314	Dolata, Wojciech		334,288
Bonham, Keith		104,423	Dosenberger, Tania		55,410
Bonnell, Gabriel		56,282	Dubey, Arbind		258,293
Brannen, Mary		83,724	Duchscher, Dana		79,577
Brigden, Malcolm		379,802	Dwernychuk, Lynn		77,622
Briggs, Sheri		67,277	Edmunds, Laurie		68,443
Brose, Kelsey		184,153	Edwards, Trent		80,316
Bruse, Lydia		67,870	El-Gayed, Ali		352,480
Brydon, Lizabeth		62,473	Ell, Carol		55,686
Budz, Denise		105,846	Englot, Tekla		69,175
Bunko, Ada		72,296	Euteneier, Mary		55,553
Caceres, Roxana		65,464	Fay, April		79,886
Cadman, Patrick		135,202	Ferozdin, Sajjad		61,929

Fibich, Christian	355,425
Fiddler, Kerri	70,424
Filipchuk, Monica	65,470
Fisher, Michelle	95,421
Florizone, Jackie	70,758
Foord, Christel	53,620
Foote, Bertha	79,594
Fox, Pauline	70,500
Frank, Tracy	70,158
Friesen, Kaethie	72,064
Galloway, Laurie	81,721
Gantefoer, Allison	65,032
Gardiner, Donald	352,480
Garratt, Kevin	89,647
Gartner, Helen	70,141
Gerber, Laurie	65,346
Gesy, Kathy	111,934
Glasman, Wilhelmen	60,111
Glover, Frances	56,840
Good, Carlene	73,345
Grubor, Sasa	64,315
Gulka, Sandy	58,258
Guo, Weiji	52,455
Haider, Kamal-Udd	351,105
Hala, Karen	55,679
Hancock, Jennifer	73,042
Haq, M. Mansoor	375,641
Hartz, Gayle	66,473
Hastings, James	70,130
Hautz, Jo-Anne	78,790
Heinrich, Arlene	74,759
Hordos, Janelle	84,999
Howell, Susan	71,551
Jancewicz, Miroslav	352,430
Jensen, Georgina	70,202
Johnson, Mary	66,985
Judd, Alison	79,318
Kaban, Susan	54,418
Kennedy, Donna	70,528
Keuler, Laura	75,673
Kish, Donna	71,784
Koul, Rashmi	258,205
Kowbel, Beverly	95,494
Kozie, Serena	79,576
Krakalovich, Helena	88,525
Kruger, Lana	81,490
Kulrich, Celia	78,225
Kundapur, Vijayananda	304,282
Kuyek, Sherry	66,004
Lacey, Kevin	116,952
Ladyka, Colin	73,824
Langston, Danielle	59,072
Lapointe, J.R. Claude	134,728
Lauridsen, Debbie	54,539
Layton, Barbara	83,724
Legare, Angela	65,502
Leik, Sheritee	87,365
Lewis, Margaret	89,779
Lewko, Jennifer	69,030
Lobzun, Kevin	78,797
Lochbaum, Roberta	80,709
Luterbach, Sharon	75,810
Macdonald, Wanda	54,503
Macdonald, Colin	58,126
Macdonald, Janice	71,346
MacEdward, Kathy	50,645
Maclennan, Iain	352,480
Magosse, Matt	70,289
Mahmood, Shazia	174,478
Mazurkewich, Heather	67,996
Mbuyi, Felicien	98,549
McAllister, Rae	175,410
McGonigal, Raelene	77,996
McKenzie, Jennifer	80,370
McLeod, Joanne	173,903
McVicar, Laurie	65,848
Meeres, Sandra	83,103
Mensch, Jackie	82,595
Miale, Thomas	309,780
Milligan, Laurey	63,805
Mitchell, Janet	60,990
Mohamed, Mohamed	380,652
Morris, Joan	83,724
Morrissey, Leah	56,439
Moss, Andre	64,071
Mpofu, Christoph	371,919
Muz, Lori	69,936
Nilson, Linda	170,641
Olesen, Natasha	71,575
Olfert, Ivan	135,908
Onasanya, Adeniyi	75,290
Padbury, Reg	106,211
Park-Somers, Eileen	61,174
Patel, Nilesh	66,580

Patterson, Janet	81,135
Pearce, Laurie	54,502
Pelletier, Devon	62,602
Penley, Robert	74,676
Piercy, Bonnie	50,929
Pierlot, Joan	81,344
Pollock, Lenore	69,781
Popkin, David	408,000
Potter, Maeghan	68,359
Pryor, Rick	67,750
Rapp, Dorothy	91,536
Rathwell, Grant	68,838
Rayson, Sandra	173,039
Reichert, Brian	86,328
Reid, Amanda	66,058
Robb, Karen	72,184
Romanow, Eileen	51,837
Russell, Elaine	70,766
Sadikov, Evgeny	315,444
Salim, Muhammad	381,971
Sami, Amer	351,630
Sapieha, Shannon	51,205
Saxinger, Sheila	54,459
Schiltz, Colette	78,894
Schmidt, Bruce	68,958
Schmidt, L. Marlene	72,826
Schumann, Andrea	58,247
Schwarz, Christopher	89,820
Senft, Beverley	70,561
Sharp, Warren	89,779
Sheridan, David	387,879
Sidhu, Narinder	161,339
Sigurdson, Joanne	54,286
Sirdar, John	72,155
Smith, Laura Lee	65,608
Sorsdahl, Lisa	56,207
Stewart, Kristin	77,652
Strautman, Cheryl	71,000
Street, Jaeme	63,535
Stroeder, Ruth	57,243
Stuart, Heather	89,779
Stuckel, Renee	68,138
Svensrud, Leona	68,310
Taggart, Carissa	74,068
Tai, Patricia	354,246
Templeton, Wendie	61,979
Ternes, Shyanne	69,050
Tetler, Miriam	70,334
Thiesson, C. Scott	69,686
Thompson, Cheryle	65,071
Tinline, Paula	58,435
Tompkins, Sandra	50,929
Tonita, Jon	119,527
Toon, Brenda	58,198
Trach, Celestee	72,497
Tralnberg, Sandra	51,067
Tu, Deluan	54,813
Turley, Dominic	61,832
Tyndall, Joanne	78,638
Usher, Barbara	67,750
Vachhrajani, Haresh	351,111
Vandenameele, Angela	51,225
Van-Gemeren, Jacqueline	77,101
Vogel, Erika	75,466
Voralia, Michael	359,192
Vu, Khanh	161,238
Wacker, Steven	84,508
Walker, Vivian	129,353
Warren, Joyce	82,586
Wasylenchuk, Gladys	57,888
Weber, Lorenz	60,688
Weigel, Tamara	76,552
Weir, Linda	83,724
Wenner, Terri	50,753
Westad, Anne	70,885
White, Adrian	70,047
Whiting, Cheryl	88,435
Whittle, Alison	78,393
Wiest, Roberta	83,724
Wilson, Karla	64,196
Wood, Valerie	86,009
Xiang, Jim	125,151
Yadav, Sunil	399,630
Young, Jana	72,829
Zaba, Donna	70,230
Zahayko, Michelle	50,929
Zarkovic, Mirjana	280,818
Zatylny, Paula	50,929
Zhu, Tong	65,390
Ziegler, William	134,900
Zimmer, Janet	66,929

PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2009

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts, and equipment.

Abbott Laboratories Ltd.	$ 2,803,951
Associated Radiologists of Saskatoon	197,540
Baxter Corp.	360,338
Bayer Inc.	237,325
Bristol-Myers Squibb Canada	194,018
BTS Group Inc.	308,050
Business Furnishings (Sask)	88,627
Canadian Medical Protective Association	64,503
Canadian Pharmaceutical Distribution Network	22,606,597
CancerCare Manitoba	87,875
Can-Med Healthcare	119,055
Carmel Pharma	464,653
CCSI Technology Solutions Corp.	113,464
College of Physicians & Surgeons of Saskatchewan	51,790
Diners Club International	124,663
Domco Construction Inc.	277,675
Dr. O. Moodley Prof Corp.	53,204
Enzon Pharmaceuticals	62,780
Five Hills Regional Health Authority	59,031
GE Healthcare Canada	828,930
Genzyme Canada Inc.	71,496
Grand & Toy Office Products	129,376
Hall Consulting Services	114,581
HBI Brennan Business Interiors Inc.	117,265
Hewlett-Packard (Canada) Co.	56,172
Hospira Healthcare Corp.	142,042
Human Resources Services Ltd.	54,546
Innovation Place	384,344
JB Medical	110,426
Karl Storz Endoscopy Canada Ltd.	160,880
MacPherson, Leslie & Tyerman	52,313
Marsh Canada Ltd.	104,612
McKesson Canada	3,504,431
Medical Doctor Associates	263,416
MPL Graphics Inc.	72,099
NewWest Enterprise Property Group (Sask) Inc.	81,561
Niesner Properties Inc	95,109
Novartis Pharmaceuticals Canada	3,774,991
Nucletron Corp.	215,714
OPI Inc.	55,835
Pacella, Dr. Juan	114,616
PCL Construction Management Inc.	437,514
Philips Medical Systems Canada	698,144
Prairie North Regional Health Authority	55,689
Prince Albert Parkland Regional Health Authority	88,370
Provincial Health Services Authority	56,095
QuestCan Hr/Leadership Consultants Inc.	135,702
Radiology Associates of Regina	385,100
Regina Qu'Appelle Regional Health Authority	3,240,270
Royal Bank VISA	124,904
Saskatchewan Association of Healthcare Organizations (SAHO)	162,816
Saskatchewan Energy	70,033
Saskatchewan Property Management	357,602
Saskatchewan Telecommunications	143,684
Saskatoon Regional Health Authority	3,669,775
Schaan Healthcare Products Inc.	65,256
Source Medical Corp.	55,540
South Pasqua Development	125,395
Stantec Architecture Ltd.	131,932
Sunrise Regional Health Authority	87,328
Supreme Basics	154,261
University of Saskatchewan	295,424
Varian Medical Systems	2,782,265
West Wind Aviation Ltd. Partnership	147,602
Western Ltd.	56,467
Xerox Canada Ltd.	83,640

Other Expenditures

Listed are payees who received $50,000 or more for expenditures not included in the above categories.

Minister of Finance	412,095
Public Employees Disability Income Fund - employer's share	95,523
Public Employees Pension Plan - employer's share	2,176,689
Receiver General for Canada:	
- Canada Pension Plan - employer's share	971,745
- Employment Insurance - employer's share	439,643
SAHO - Core Dental Plan	297,468
SAHO - Extended Health Care Plans	223,287
SAHO - In-Scope Health & Dental	583,750
Workers' Compensation Board	337,551

Contact Information

Saskatchewan Cancer Agency Contact Numbers:

Allan Blair Cancer Centre (Regina): 306-766-2213

Regina Cancer Patient Lodge: 306-359-3166

Saskatoon Cancer Centre: 306-655-2662

Saskatoon Cancer Patient Lodge: 306-242-4852

Early Detection: toll-free in Saskatchewan 1-800-667-0017

Quality of Care Coordinator (client representative): toll-free in Canada 1-866-577-6489

Visit our website: www.saskcancer.ca

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Saskatchewan Cancer Agency
A healthy population free from cancer
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